

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-028079

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 77

STATE FILE NUMBER

FILED JUL 30 1963

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, give TOWNSHIP only) Fayette		c. CITY OR TOWN Fayette	
Length of stay in 1b 6 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Keller Memorial Hosp.		d. STREET ADDRESS (If outside, give location) 502 N. Church	
3. NAME OF DECEASED (Type or print) First William Middle Lee Last Koger		4. DATE OF DEATH Month July Day 24 , Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/19/73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Self Employed	
11. BIRTHPLACE (City and state or country) Fulton, Kentucky		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Jasper Koger		13b. MOTHER'S MAIDEN NAME Nancy Collie	
14. NAME OF HUSBAND OR WIFE Lela Dunscomb		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. No		17. INFORMANT Mrs Marine Woods Address Fayette, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture of rt. hip. Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. Hypertension DUE TO (b) Hypertension DUE TO (c) Hypertension		INTERVAL BETWEEN ONSET AND DEATH 3 days 3 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Illness following fracture		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell on floor.	
20c. TIME OF INJURY 5:45 a.m. - July 21/63	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In Home	20e. CITY, TOWN, OR LOCATION Fayette	
20f. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In Home	20h. CITY, TOWN, OR LOCATION Fayette	
21. I attended the deceased from 16 July 1963 to 24 July 63 and last saw him alive on 23 July 63 Death occurred at 5:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Wm G. Shaw M.D.	
22b. ADDRESS Fayette, Mo.		22c. DATE SIGNED 7-26-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/26/63	23c. NAME OF CEMETERY OR CREMATORY Walnut Ridge Cemetery	
23d. LOCATION (City, town, or county) Fayette, Missouri		23e. DATE RECD. BY LOCAL REG. 7-26-63	
24. FUNERAL DIRECTOR Ralph A. Carr		25. REGISTRAR'S SIGNATURE Katherine Welch	

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

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9 9037

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Jayette, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 7-21-63